

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 05/04/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 05/06/2008						
		FINANCIAL PAYER: NCTM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	21	7478	DUPLICATE OF CLAIM-SYSTEM				
		8599	2245	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	9	13442	31956	18514
		167	893	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM				
3404904	WESTERN HIGHLAN DS LME	8536	997	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8326	138	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	1305	6092	4787
		8534	56	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED				
3404910	PATHWAYS	8800	455	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		11	124	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	712	8643	7931
		21	38	DUPLICATE OF CLAIM-SYSTEM				
3404912	CATAMBA COUNTYM ENTAL HEALT	11	77	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8534	51	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED	0	176	4185	4009
		8599	15	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404913	MECKLENBURG COM ENTAL HEALT	8800	5635	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	410	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	7496	18018	10522
		8326	384	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404916	CROSSROADS BEHA VIGORAL HEAL	8800	162	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		79	131	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	469	7757	7288
		8599	42	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM AN SERVICES	8532	642	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED				
		8505	377	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	1389	2998	1609
		11	122	CLIENT NOT ELIGIBLE ON SERVICE DATE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8800	564	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8518	99	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR	0	948	6424	5476
		8536	96	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404920	ALAMANCE CASWEL L AREA MH D	8599	119	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	64	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	357	3284	2927
		11	58	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404921	ORANGE PERSON C HATHAM AREA	8505	2443	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	520	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	3545	10890	7345
		143	156	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404922	THE DURHAM CENT ER	8800	27	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		21	13	DUPLICATE OF CLAIM-SYSTEM	0	48	339	291
		8534	6	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED				
3404923	FIVE COUNTY MH	21	371	DUPLICATE OF CLAIM-SYSTEM				
		8800	340	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	4	1068	4994	3926
		11	156	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404925	SANDHILLS CENTE R FOR MH/DD	8800	1004	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		21	434	DUPLICATE OF CLAIM-SYSTEM	2	2215	12574	10359
		23	163	SERVICE REQUIRES PRIOR APPROVA L				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	125	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	97	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	8	563	4392	3829
		8536	85	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404927	CUMBERLAND CO M HC	8599	159	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8000	47	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	307	5237	4930
		8664	30	SERVICE DENIED, LIMITATION HAS BEEN EXCEEDED FOR THE FISCAL YEAR.				

--	--	--	--	--	--	--	--

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	30	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	23	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	53	76	23
3404931	WAKE CO HUM SVC BILLING OF	5308	143	PRIOR AUTHORIZED UNITS EXCEEDS D				
		21	71	DUPLICATE OF CLAIM-SYSTEM	2	322	2358	2036
		11	33	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	4407	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8536	3564	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	8605	9565	960
		8800	457	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404934	ONSLow CARTERET BEHAV HEAL	8505	1564	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	211	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	2284	4170	1886
		11	121	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8326	670	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8508	31	CLAIM DENIED NO BUDGET FOUND	0	752	1713	961
		8800	21	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404939	EAST CAROLINA B EHAVIORAL H	21	1016	DUPLICATE OF CLAIM-SYSTEM				
		8800	665	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	3	2020	6903	4883
		8326	86	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

--	--	--	--	--	--	--	--

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	8599	162	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		3411	106	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	25	475	6956	6481
		8564	38	SERVICE EXCEEDS THE ALLOWABLE OF ONE OCCURRENCE WITHIN AN ELIGIBILITY PERIOD.				
3404944	EASTPOINTE HUMAN SERVICES	8534	146	SERVICE FACILITY LOCATION IS NOT A VALID IPES ATTENDING PROVIDER, OR THE NPI SUBMITTED				
		8599	46	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	199	4165	3966
		79	3	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREA MENTAL HEALTH	8505	159	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		21	142	DUPLICATE OF CLAIM-SYSTEM	63	779	4104	3325
		8537	113	PROCEDURE IS NOT PAYABLE FOR YOUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404949	PIEDMONT BEHAVIORAL HEALTH	8326	1458	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTED				
		8533	278	SERVICE FACILITY LOCATION CANNOT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.	0	2094	2986	892
		8599	112	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				